



JFJ

AMENDMENT TRANSMITTAL LETTER

Docket No.
09879-00033-US

Application No.	Filing Date	Examiner	Art Unit
10/627,256-Conf. #4185	July 24, 2003	D. R. Rao	1624

Applicant(s): Michael G. Hoffman et al.

Invention: 4-TRIFLUOROMETHYLPYRAZOLYL-SUBSTITUTED PYRIDINES AND PYRIMIDINES

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	14	- 20 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 03-2775 in the amount of \$ 250.00.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 03-2775 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: March 14, 2007

William E. McShane
Attorney/Agent Reg. No.: 32,707

CONNOLLY BOVE LODGE & HUTZ LLP
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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

Approved for use through November 30, 2010
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 250.00 Attorney Docket No. 09879-00033-US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **03-2775** Deposit Account Name: **Connolly Bove Lodge & Hutz LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
14	- 20 =	0	x 0 =	0	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
1	- 3 =	0	x \$200 =	0	
HP = highest number of total claims paid for, if greater than 20.					
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = /50 (round up to a whole number) x _____ = _____

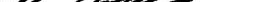
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension Fee – One Month
1814 Terminal Disclaimer Fee

SUBMITTED BY		Signature		Registration No. (Attorney/Agent)	32,707	Telephone	(302) 658-9141
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Name (Please Type)

Signature		Registration No. (Attorney/Agent)	32,707	Telephone	(302) 658-9141
Name (Print/Type)	William E. McShane		Date	March 14, 2007	



PTO/SB/92 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 10/627,256

Attorney Docket No.: 09879-00033-US

Certificate of Mailing under 37 CFR 1.8

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MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 14, 2007
Date

Barbara J. Miller
Signature

Barbara J. Miller

Typed or printed name of person signing Certificate

Registration Number, if applicable

(302) 658-9141

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page)
Response to Non-Final Office Action (5 pages)
Fee Transmittal (1 page)
Terminal Disclaimer (1 page)
Request for One Month Extension of Time (1 page)
Declaration of Dr. Martin Hills (4 pages)
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